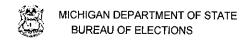
CANDIDATE COMMITTEE COVER PAGE

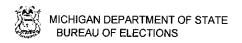
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 11-25-08 to 12-31-09
1. Committee I.D. Number	4. Candidate La	14441
137479	Porto	Durin
2. Committee Name	4a. Office Sought	Including District # or Community Served (If applicable)
CTE Doron Port	/tornso	in Township Treasurer
	4b. County of Res	
5. Committee's Mailing Address		me & Residential Address
38969 N. Po, who Pkun	11/01/5	recon York Plans
Harrison Two, M:		
, ,	hkrrisi	-TLP, mi, LROUS
Area Code and Phone		14 - 1
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phor	ne 586-465-6004
7. Treasurer's Business Address	8. Designated Re	cord keeper's Name and Mailing Address (If the committee has a
	Designăted Reco	RECEIVED
		FEB - 1 RECT
		CARMELLA SABAUGH MACOMB COUNTY CLERK
Area Code and Phone	Area Code and Pl	none
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement Coverage Year)
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	eral	9e. Dissolution of Candidate Committee
Convention	ool	Effective Date of Dissolution
Special	cus	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus		outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
Total of Election, Convention of Courses		the Reporting Waiver.
		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign St	atements. The Campaign Statements must include all applicable
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filling deadline of a required campaign statement, the	ed since the informatis Campaign Staten	tion was shown on the committee's Statement of Organization, an nent. If a request for a Reporting Waiver is not received on or
10. Verification: IVMe certify that all reasonable diligence was used in	n the propagation of	
my\our knowledge and belief the contents are true, accurate and co	mplete.	this statement and attached schedules (if any) and to the best of
Current Treasurer or May the Com	. Ma	1 1 bok = -2-1-10
Designated Record keeper Type of Frint Name	Signature	Date S 1 TO
Day	(0.1-10
Candidate Decripe Tool	Signature	Date On 1
Type of Fillit Maine	Oignature	



1. Committee I.D. Number

SUMMARY PAGE 2. Committee Name **CANDIDATE COMMITTEE** RECEIPTS Column I Column II This Period Cumulative this election cycle 3. Contributions (3a.) \$ a. Itemized (Schedule 1A - Column 6) (3b.) \$ NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) (3c.) \$___ *O* c. Subtotal of "Contributions" (18.) \$ _____ (19.) \$ _____ 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.) \$ _____ (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** (6.) \$ _____ 6. In-Kind Contributions (Schedule 1-IK, Column 7) (7.) \$ ______ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ _____ **EXPENDITURES** 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ _____ (8c.) \$ _____ c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (9.) \$ _____ (23.) \$ _____ INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) (10a.) \$ _____ b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ _____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (24.) \$ _____ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12b.) \$ BALANCE STATEMENT 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCÉ (Subtract line 16 from line 15)



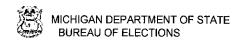
DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number	13.14	Ju)		
		.		

OOHEDOLL IL	111	. \		
CANDIDATE COMMITTEE 2.0	Committee Name	John Jolk		
This Schedule itemizes:		,		
aDebts and obligations owed <u>by</u> or forgiven the com (Che	nmittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: 1000	\$		
Dorin Pork	5. <u>Date Debt Was Incurred</u> :	\$		
37964 N. Ponte	7.2204	\$	ę	\$616-
Harrison Fro.M.	6. Original Amount of Debt:	\$	Ψ	FORGIVEN
If bank loan, name of endorser or guarantor:		\$Amo	unt Endorsed: \$	
Debt #2 Corp? Yes	1			
Owed to or by:	4. Type: <u>Leas</u>	\$		
Darin York 38964 Ni Ponte	5. Date Debt Was Incurred:	\$		200
Harrison Tup, Mi	6. Original Amount of Debt:	\$\$ \$	\$	\$ <u>~~</u>
	<u>\$ S∞−</u>	 \$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	
Debt #3 Corp? Yes	1	- 700	ount Endorsed.	
Owed to or by:	4. Type: Loan	\$	·	
Durne York 38964 N. Ponte	5. Date Debt Was Incurred:	\$		2000
Herrison R.P.	6. Original Amount of Debt:	5	\$	\$ 5/2
(4)3	s 375°	<u> </u>		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	· · · · · · ·
		Page Subtotal	(Outstanding debt)	1191-
(C	omplete on last page of Schedule s	Grand Total on the control of the co	of all Schedules 1E r to the committee)	6218 so
				Enter this total on line 12a "owed by"" or line 12b

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed to" of the Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number			

CANDIDATE COMMITTEE 2.0	Committee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
guarantors, if any.				
Debt #1 Corp? Yes Owed to or by:	4. Type:	\$		
Dorra York	5. Date Debt Was Incurred:	\$		
38964 N. Ponte	6-24-04	\$:2500
Harrisontup.M.	6. Original Amount of Debt	\$	\$	\$ <u>\alpha 3 \leftrightarrow</u>
, (6,77)	\$ <u>&S∞-</u>			FORGIVEN
If bank loan, name of endorser or guarantor:		\$		•
	<u> </u>	Amo	ount Endorsed: \$	<u> </u>
Debt #2 Corp? Yes Owed to or by:	4. Type: Lese 7	\$		
Dorra York	5. Date Debt Was Incurred:	\$		
3A96-1 N. Pointe	6. Original Amount of Debt:	\$	\$	<u>5 0 -</u>
Herrison Tro. M	<u>\$ 50-</u>	\$		FORGIVEN
		<u> </u>		T ONOIVER
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type Loan	\$		
7 Y-16	5. Date Debt Was Incurred:	\$		
Derry York 38964 N. Pointe	7.27.04	\$		
Harrison Tro, Mo	6. Original Amount of Debt:	\$! \$	\$
1454 120 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	\$ 190	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	329026
(C	omplete on last page of Schedule s	Grand Total howing amounts owed by c	of all Schedules 1E or to the committee)	621836
				Enter this total

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Pager) of



DEBTS	AND	OBI	_IG	ATI	ONS
9	CHE	וווח	F 1	F	•

1. Committee I.D. Number 137479

2. Committee Name CTE Dryn York

CANDIDATE COMMITTEE 2.50	offilialities Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
This Schedule itemizes:			·	
a Debts and obligations owed by or forgiven the come (Chec	mittee OR b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: 38964 W Powle Harrison Tup, 19;	4. Type S. Date Debt Was Incurred: 7-17-08 6. Original Amount of Debt: \$ 950 10	\$ \$ \$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: Torrior York 37964 N. Ponte Horr Bon Top, M.	4. Type: Local 5. Date Debt Was Incurred: 10-15-07 6. Original Amount of Debt: \$ 4. Type: Local 10-15-07 10-15	\$\$	\$nount Endorsed: \$_	\$FORGIVEN
Debt #3 Corp? Yes Owed to or by: Derring Youth 39964 N. Pombe Herrison Trop. M.	4. Type: Local 5. Date Debt Was Incurred: 10-15-03 6. Original Amount of Debt: \$ 300-	\$ \$ \$ \$ \$	\$mount Endorsed: \$	\$FORGIVEN
If bank loan, name of endorser or guarantor:				
		Page Subtota	I (Outstanding debt)	14737

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page